



OAK CREEK RELATIONAL COUNSELING CENTER

Informed Consent for Walk and Talk Therapy

This Informed Consent for Walk, and Talk Therapy is a supplement to the general informed consent that we agreed to at the outset of our clinical work together. Please read this document carefully and let me know if you have any questions.

Walk and talk therapy is a form of psychotherapy that incorporates walking while addressing therapeutic goals and topics. Some of the activities we might participate in include walking on sidewalks/bike paths or exploring public parks and open spaces. The focus of the experience is therapy, not exercise.

Together, we have determined that walk and talk therapy is an appropriate mode of therapy for our work for the following reason(s):

COVID-19 Specific Information

The threat of COVID-19 remains an ongoing issue throughout the United States. To mitigate the risk of exposure to COVID-19, our practice has begun to offer the option of engaging in therapy outdoors in order to minimize time spent in close proximity to others while indoors.

The decision about whether to engage in walk and talk Therapy is based on current conditions and guidelines which may change at any time. It is possible that a return to remote services will be necessary at some point based on health and safety consideration. This decision will be made in consultation with you, but I will make the final determination based on a careful weighing of the risks and applicable regulations.

In order to engage in walk and talk therapy, the following protocols must be followed by patients/clients and providers:

- Social distancing requirements must be met, meaning that we must maintain a six-foot distance from others.
- Patients/clients and providers will be required to wear face coverings or masks while engaging in walk and talk Therapy. If you do not have a face covering, one will be provided to you.

- Hand sanitizer will be provided at the office entrance and must be used upon entering the office.
- There will be no physical contact with others or between the patient/client and the provider during the session.
- You will be asked to wait in your vehicle or outside the office until you receive a text, email, or phone call from office staff indicating that you can enter the office
- You agree not to present for services if you have a fever, shortness of breath, coughing, or any other symptoms associated with COVID-19 or if you have been exposed to another person who is showing signs of infection or has confirmed COVID-19 within the past two weeks. **Reminder of 48-hour notice of cancelation policy.**
- If you are bringing a child or other dependent in for services, you agree to ensure that both you and your child/dependent follow all these protocols.

In addition, please be aware that I may become legally required at some point to disclose that you and I have been in contact, especially if either of us were to test positive or show signs of COVID-19 infection. If I am legally compelled to disclose information, I will inform you and will only provide the minimum necessary information (e.g., your name, contact information, and the dates of our contact) required by law.

Additional Considerations:

There are possible risks associated with walk and talk therapy, including, but not limited to:

- Accidental injuries from tripping or falling while walking, or potentially being struck by a bicyclist or a car.
- Physical dangers including insect stings; animal bites; falling branches or sticks; sunburn; exposure to heat/cold; and similar risks.
- Adverse weather conditions including heat, rain, and storms. Please note that when rain or storms are forecasted, it may be necessary to reschedule the session or use a telehealth platform instead.
- Confidentiality issues: complete confidentiality cannot be guaranteed. Though every attempt will be made to not engage in private conversations when others are near us, it is not possible to guarantee that conversations will not be heard by others.
- Encountering someone you or I know. If I encounter a known person, I will not disclose that you are a client/patient or any other confidential information. If you encounter a known person, I will not interact with that person but will follow your lead in guiding any interactions.
- Given the prevalence of cellphones, it is also possible that we may be photographed or videoed together without our knowledge and that we would have no control over the dissemination of those photos/videos.
- Perceived informality of the interaction. Although walk and talk therapy might feel more like a social interaction rather than a therapeutic interaction, it is a therapeutic activity. Despite the relative informality of the interaction, the relationship between client/patient and therapist continues to be entirely professional, and not a social, relationship.

Consent and Agreements

To engage in walk and talk therapy, you understand and agree to the following:

- You understand that participation in walk and talk therapy is completely voluntary and that there are alternative options such as teletherapy or in-office services available.
- You agree to obtain approval from your doctor before engaging in walk and talk therapy if you have any medical condition that could affect your ability to participate in this activity and to disclose those conditions or limitations to me.
- You agree to take full responsibility for your physical safety and not to engage in any activity in which you do not feel safe.
- You agree to let your therapist know immediately if you become physically or emotionally uncomfortable during a session.
- You agree to abide by all COVID-19 protocols noted above.

By signing below, you indicate that you are in good physical condition and able to safely engage in walk and talk therapy and that you understand and accept the risks of walk and talk therapy, including potential risk of exposure to COVID-19, and nevertheless consent to walk and talk therapy under the conditions outlined above. This consent can be withdrawn in writing at any time.

Patient/Client

Date

Therapist

Date